

Del Mattino Montessori School

2449 W Peterson Ave Chicago, Illinois, 60659

773-559-0936

e-mail: singeorzanolivia@yahoo.com

web: www.dmmschool.com

DEL MATTINO MONTESSORI SCHOOL

Summer Sessions Application

SESSION 1 _____

(Signature)

SESSION 2 _____

(Signature)

SESSION 3 _____

(Signature)

SPECIAL ARRANGEMENTS WEEKS

(Signature and Dates)

Main Email _____

CHILD'S INFORMATION:

NAME: _____ BIRTHDAY: ___/___/___

STREET ADDRESS : _____ SEX: M ___ F ___

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ - _____ - _____ SIBLINGS & AGES _____

Previous School Experiences (if yes, where) _____

PARENT'S INFORMATION

PARENT NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ HOME PHONE: _____ - _____ - _____

WORK PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ HOME PHONE: _____ - _____ - _____

WORK PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

How did you hear about Del Mattino Montessori School _____ |

Please list previous school/class experiences and the child reaction: _____

Are you familiar with the Montessori curriculum and philosophy? Is Montessori your preferred choice for early childhood education? _____

Physician: _____

Address _____ Phone # _____

Allergies/Medical Problems: _____

No child shall be denied admission to Del Mattino Montessori School on the basis of race, color, creed or ethnic origin.

It is necessary for all parents whose children are enrolled at Del Mattino Montessori School to fill out this form.

Your signature allows us to take your child on walking excursions around the neighborhood and on tennis courts during the academic school year and summer camp sessions.

I have read the entire application, understand its contents, filled it out honestly and completely, and agree to its conditions. I have in my possession a copy of the **Enrollment Information**.

I/We agree that tuition for each summer session must be between the 1st and the 5th of each session. If you choose special arrangements for the Summer camp the tuition must be paid in the first day of the first week your child is enrolled.

I/We understand that students are admitted to DMMS for the Summer and that my agreement to pay the tuition due is not subject to adjustment because illness or absence.

Signature of Parent/Guardian

Date
